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**POWER OF ATTORNEY**  
**and**  
**CORRESPONDENCE ADDRESS**  
**INDICATION FORM**

<b>Application Number</b>	To Be Assigned
<b>Filing Date</b>	Concurrent Herewith
<b>First Named Inventor</b>	VON HIPPEL, Lukas et al.
<b>Title</b>	Process for the Production of Hydrogen . . .
<b>Art Unit</b>	To Be Assigned
<b>Examiner Name</b>	To Be Assigned
<b>Attorney Docket Number</b>	032301.423

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

25461

*OR*

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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*OR*

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Address			
City	State	ZIP	
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Lukas Von Hippel</i>		Date 2005/06/20
Name	Lukas Von Hippel	Telephone	+49-6181-598706
Title and Company	Diplom-Chemist, Degussa AG		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	30.06.06
Name	Robert Weber	Telephone	
Title and Company	Diplom-Chemist, Degussa AG		

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Signature	<i>Martin Bewersdorff</i>	Date	2005-06-29
Name	Martin Bewersdorff	Telephone	
Title and Company	Diplom-Chemist, Degussa AG		

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Ernst Gail</i>		Date	June 20, 2005
Name	Ernst Gail	Telephone	+49692183740	
Title and Company	Diplom-Engineer, Degussa AG			

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030035.CY

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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Signature			Date	20 June 2005
Name	Helmut Schwarz	Telephone	+49 30 314 23483	
Title and Company	Professor, Technical University Berlin			

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